10 IA ETHICS AND

PM: 9.2.08 2008 SEP -3 AM 10: 45 Reset Form

**FORM** DR-SFA

(Rev. 03/2008)

Date Signed

Statement of Organization "Paid For By"

For Office Use Only Comm. #

Indexed Audited Computer

## FOR INSTRUCTIONS SEE BACK OF FORM

I am filing this form to use the shorter "paid for by" attribution. The committee will <u>not</u> be crossing the \$750 threshold.\* This form must be filed prior to the distribution or posting of the political material.

\*If the committee crosses the threshold, a DR-1 Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. In addition, the committee will be required to file campaign disclosure reports.

	, , , , , , , , , , , , , , , , , , ,
COMMITTEE NAME	
The state of the s	candidate's last name in the name of the committee).
The committee for 10	entz for sheriff"
IMPORTANT: Indicate type of committee you are registering for:  [1] Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)	
COMMITTEE CHAIR (mandatory for all committees except a candidate's committee)	CANDIDATE (mandatory except for a non-candidate committee)
Mailing Address of L. Putney	Name + harc n Lantz
601 bth. Ave	Mailing Address J J Gance C
City State + Zip Code + Ty - 506/6	City, State + Zip Code + Touc 504 71
Phone (644) 133-2908	Phone ( / 41) 220 - 00 94
e-Mail .	e-Mail byck naster 12000 2002 a yahoo, con
INDICATE PURPOSE OF COMMITTEE - Check One Box  Advocate for Spainst candidate(s)  Advocate for hallot issue(s)  Comment or description:  Advocate against ballot issue(s)	
All Candidates Enter: Office Sought: Sher iff	County/Local Candidates and All Other Committees Enter:
Political Party (if applicable)	County: F109 CX  (If active in multiple ballot issue elections, attach list of counties or enter "statewide")
District:	
Year Standing for Election: 200 %	Date of Election: 11 / OH / Zocg
STATEMENT OF AFFIRMATION: By filling this document the committee affirms the following:  1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the lowa Administrative Code.	
rules in Chapter 351 of the lowa Administrative Code.  2. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.	
3. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.	
4., That if the committee exceeds \$750 in campaign activity, a DR-1 Statement of Organization must be filed within 10 days and the committee is required to file campaign disclosure reports.	
5. That this form is filed prior to the distribution or posting of political material requiring the "paid for by" attribution.	
Signature of Candidate OR for all other committees Chairmann	08/28/2008
Signature of Candidate, OR, for all other committees, Chairperson	Date Signed